

FEE TRANSMITTAL FY 2007	<i>Complete if Known</i>				
	Application Serial No.		09/557,289		
	Filing Date		April 25, 2000		
	First Named Inventor		JEWELL, Jack L.		
	Group No.		2828		
	Examiner Name		NGUYEN, Phillip		
Confirmation No.		8161			

METHOD OF PAYMENT	FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Payment Enclosed: <div style="text-align: center;"> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other </div>	4. ADDITIONAL FEES			
	Large Entity	Small Entity	Fee Description	Fee Paid
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 10-0233 <div style="text-align: center;"> <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. </div>	130	65	Surcharge - late filing fee or oath	
	50	25	Surcharge - late provisional filing fee or cover sheet	
	130	130	Non-English specification	
	2,520	2,520	Request for ex parte re-examination	
<input type="checkbox"/> Applicant claims small entity status.	120	60	Extension for reply within 1 st mo.	
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	
<i>Small Entity Discount</i>				
1. TOTAL				
2. EXCESS CLAIM FEES				
		Fee	Small Entity Fee (\$)	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.		50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.		200	100	
Total Claims	Extra Claims	Fee Paid (\$)		
<div style="display: flex; justify-content: space-between;"> - 20 or HP= _____ x \$ _____ = HP = highest number of total claims paid for, if greater than 20 </div>				
Indep. Claims	Extra Claims	Fee Paid (\$)		
<div style="display: flex; justify-content: space-between;"> - 3 or HP= _____ x \$ _____ = HP = highest number of total claims paid for, if greater than 3 </div>				
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)	
	360	180		
2. TOTAL: 				
3. APPLICATION SIZE FEE				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
	-100= 0	/50= _____	round up to a whole number x _____ =	0.00
3. TOTAL: 				
CORRESPONDENCE ADDRESS				
Direct all correspondence to: <div style="text-align: center;"> Jagtiani + Gutttag, LLLP 10363-A Democracy Lane Fairfax, VA 22030 Tel. No.: (703) 591-2664 Fax No.: (703) 591-5907 CUSTOMER 22506 </div>				

TOTAL AMOUNT SUBMITTED <div style="border: 2px solid black; padding: 5px; display: inline-block;"> (\$ 1,440.00) </div>	
SIGNATURE BLOCK <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Date: December 14, 2007 Reg. No.: 33,057 Tel. No.: (703) 591-2664 Fax No.: (703) 591-5907 </div> <div style="width: 50%; text-align: right;"> Respectfully submitted, <u>/Mark J. Gutttag/</u> Mark J. Gutttag Attorney for the Applicant(s) Jagtiani + Gutttag, LLLP 10363-A Democracy Lane Fairfax, VA 22030 </div> </div>	